

**CLAIMS ONLY**

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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50						
Total Indep						
Total Depend						
Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
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52						
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100						
Total Indep	2		2		2	
Total Depend	46		46		48	
Total Claims	48		48		50	

**BEST AVAILABLE COPY**